|  |   | ON FOR EXTENSION OF TIME UNDI<br>FY 2009<br>Irsuant to the Consolidated Appropriations   | Docket Number (Optional)<br>  067074-0310832 |                            |                     |   |
|--|---|--|--|----------------------------|---------------------|---|
| Application Number 10/511,130  |   |  |  | Filed August 15, 2005      |                     |   |
| For  | MUTA  | TION ON DNA POLYMERASES FRO  | M ARCHAEOBACTE                               | RIA                        |                     |   |
| Art Unit 1652  |   |  |  | Examiner Hutson, Richard G |                     |   |
| арр  | lication.   |  |  |                            |                     |   |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):          |   |  |  |                            |                     |   |
|  | _   |  | ******                                       | mall Entity Fee            | _                   |   |
|  | 닏   | One month (37 CFR 1.17(a)(1))  | \$130  | \$65                       |                     | *************************************** |
|  | Ш   | Two months (37 CFR 1.17(a)(2))   | \$490  | \$245                      | \$                  |   |
|  |   | Three months (37 CFR 1.17(a)(3))   | \$1110                                       | \$555                      | \$                  | ****                                    |
|  |   | Four months (37 CFR 1.17(a)(4))  | \$1730                                       | \$865                      | \$                  |   |
|  | $\boxtimes$   | Five months (37 CFR 1,17(a)(5))  | \$2350                                       | \$1175                     | \$                  | 2,350.00                                |
|  | Applicant claims small entity status. See 37 CFR 1.27.  |  |  |                            |                     |   |
|  | A che   | heck in the amount of the fee is enclosed.   |  |                            |                     |   |
| П  | Paym  | ent by credit card. Form PTO-2038 is   |  |                            |                     |   |
| The Director has already been authorized to charge fees in this application to a D                                       |   |  |  |                            |                     | ount.                                   |
| $\boxtimes$  |   | e Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to posit Account Number 033975.   |  |                            |                     |   |
|  | WARNING: Information on this form may become public. Credit card information should not be included on this form.<br>Provide credit card information and authorization on PTO-2038. |  |  |                            |                     |   |
| I am the applicant/inventor.   |   |  |  |                            |                     |   |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). |   |  |  |                            |                     |   |
| attorney or agent of record. Registration Number 48,468  |   |  |  |                            |                     |   |
| attorney or agent under 37 CFR 1.34.  Registration number if acting under 37 CFR 1.34                                    |   |  |  |                            |                     |   |
|  | ~   | 1 Constitution (contract of the contract of th |  |                            |                     |   |
| Ihr hour   |   |  |  | November 12, 2010          |                     |   |
| Signature Mark R. Kendrick   |   |  |  | Date<br>(213) 488-7100     |                     |   |
| Typed or printed name  |   |  |  | Telephone Number           |                     |   |
| NOTE<br>signati  | : Signatur<br>ure is requ   | es of all the inventors or assignees of record of the sr<br>ired, see below  | thre interest or their representa            | live(s) are required.      | Submit multiple for | ns if more than one                     |
| $\boxtimes$  | Total   | of 1 forms are submitted.  |  |                            |                     |   |

FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1458, Alexandria, VA 22313-1459.

